

FIRST SET OF INTERROGATORIES TO DEFENDANT, SWEET LIVING FACILITY

1. Please identify each person answering or assisting in answering these interrogatories, and his/her relationship to Sweet Living Facility:

Zelmira Quinonez, owner of Sweet Living Facility

2. Please identify by name, address and telephone number, any person who has or may have knowledge of any relevant facts or discoverable matter relating to the subject of this lawsuit, including the claims and defenses asserted, and state the substance of the knowledge that you believe or have reason to believe each of these persons may have.

Maricela Portal

3. List Plaintiff's dates of work, position/title(s), rates of pay, method of payment, tasks performed, and where they were performed for Sweet Living Facility.

The tasks performed were assist residents with hygiene needs, serve/ prepare food, clean, and pickup. All performed for Sweet Living Facility. Payments for day jobs were paid in cash or sent to her granddaughter via Zelle.

4. On a day-to-day basis, identify all persons with managerial and/or supervisory roles over Plaintiff, and provide the last known address for each person if not currently employed by (or working as an independent contractor for) Sweet Living Facility.

I was the only person who had a managerial and/or supervisory role over the Plaintiff.

5. Describe all facts that support your defenses that Plaintiff's claims for unpaid / underpaid overtime wages are barred, overstated, and/or unrecoverable.

The Plaintiff did not work the hours or length she claimed.

6. Describe all policies for creating and maintaining accurate time records of all hours worked by the Sweet Living Facility's workers in general and by Plaintiff in particular. If you did not create and maintain accurate time records of all hours worked by Sweet Living Facility's Home Health Aides – including Plaintiff – for some or all of the time period at issue in this lawsuit, who did, and how was pay determined for Plaintiff from February 1, 2020, to August 8, 2023?

We do not have written documentation because I supervise both employees on a daily/ hourly basis.

7. Identify the periods of time Plaintiff worked for Sweet Living Facility, including her starting date, daily and/or weekly pay, hourly rate, hours worked, days worked, and pay for all work performed for Amor de Jesus Home Health from February 1, 2020, to August 8, 2023.

Plaintiff worked on a "needs" and "ability" basis. There was no fixed time or date. She would be called whenever needed and she often would not be available.

8. Please identify each type of document that you made, kept, or preserved relating to the employment, work, engagement, hiring, work terms, payments to, earnings by, deductions from, insurance, or benefits to/of/for Plaintiff from February 1, 2020, to August 8, 2023.

None.

9. Please identify all persons who had the authority, at any time from February 1, 2020, to August 8, 2023, to employ, hire, contract, or recruit workers for Sweet Living Facility. In your response, please specify the year or years that each person you identify had this

authority and if not currently employed, his/her last known address, email address, and phone number.

I was the only person who had the authority.

10. Please list any lawsuits, prosecutions, or administrative agency proceedings in which you have been a party or in which your representatives/officers/directors have testified during the last five years involving unpaid/underpaid wages, providing the style, cause number and court or agency in which each action was pending, and briefly describing the nature and outcome of each proceeding.

None.

11. Please identify each person who you expect to provide expert testimony in any deposition in this case or at trial and state the subject matter on which each such person may give expert testimony.

Unknown at present.

12. Please identify the factual basis for each of your Affirmative Defenses:

My company has never made over \$500,000.00 in any year and is not engaged in the care of the sick, aged, or mentally ill. My company is an assisted living facility.

Medical care is performed by independent doctors, nurses, and therapists related and chosen by the residents. We provide living assistance. This is not a hospice or facility that provides medical services.

13. Please identify all administrative regulations, orders, ruling, and interpretations, administrative practices, and enforcement policies of United States agencies on which you relied to not pay overtime to Plaintiff, including the date you received, printed, and/or first consulted each.

We paid her in accordance with the law. More than the minimum wage and she never worked over 40 hours.

14. Describe how Sweet Living Facility tracked the hours actually worked by its employees/workers/aides, including all measures taken by it to have its employees record the time each started and ceased working each day from February 1, 2020, to August 8, 2023.

Myself visually and with the clock.

15. For each person who worked for Sweet Living Facility from February 1, 2020, to August 8, 2023, please state each such person's name, dates of work, position, (if not a current employee his/her last known address, email address, and phone number), daily work schedule(s), and whether Sweet Living Facility paid/categorized each such person as an employee and/or independent contractor:

Objection.

16. Please identify all documents signed/completed by Plaintiff regarding the work she performed for Sweet Living Facility from February 1, 2020, to August 8, 2023:

None.

17. Please identify by name, address, and phone number, all persons responsible for supervising Plaintiff in her work at Sweet Living Facility:

Myself.

18. Please identify by name and address all third-party payors, such as Medicaid, Medicare, and insurers, with whom Sweet Living Facility contracted to provide services from February 1, 2020, to August 8, 2023:

Medicaid and out of pocket.

19. Please state Sweet Living Facility's gross annual revenues for each year from 2020 to the present, and for 2023, please also state its gross revenues for the first, second, and third fiscal quarters of 2020:

2020: \$159,720

2021: \$104,425

2022: \$103,390

20. Please identify by name, company name, and address each accountant and/or tax preparer who provided services to Sweet Living Facility from February 1, 2020, to the present:

Tax solutions 4 All LLC

7741 SW 135 Street, Miami, FL 33183

21. Please identify all attorneys consulted by you with regard to the payment of minimum wages and/or overtime prior to the filing of the Complaint in this action and provide the substance of all advice you were provided in response:


None.

22. Please identify all persons who had signatory for each bank account maintained by Sweet Living Facility from February 1, 2020, through August 8, 2023:

Only myself.

23. Please state who from Sweet Living Facility would provide Plaintiff with her schedule and/or coordinate the days/hours she was to work and state how that information was communicated (email, text message, WhatsApp message, verbally, in person, telephone call):

Myself.

SWEET LIVING FACILITY, INC.
BY: 
As its Authorized Agent
PRINT NAME: Zelmita Quinonez
TITLE: Owner


STATE OF FLORIDA :

: SS.

COUNTY OF MIAMI-DADE:

Before me, the undersigned authority personally appeared Zelmira Quimonez
who, after being duly sworn, states under oath that s/he is authorized to execute the foregoing
Answers to Interrogatories on behalf of SWEET LIVING FACILITY INC., and that they are true
and correct to the best of her/his knowledge and belief.

SWORN TO AND SUBSCRIBED before me this 8 day of February, 2024, and
[] who is personally known by me or [✓] who produced FL Driver's license as
identification.



Signature Notary Public – State of Florida

Print Name: Ailin C. Perez

My Commission Expires: 3/25

